Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING RIOS:004USC2 REJECTION OVER A "PRIOR" PATENT In re Application of: ADAN RIOS Application No : 10/667.534 Filed: September 22, 2003 For METHOD FOR THE DEVELOPMENT OF AN HIV VACCINE The owner*, PHOTOIMMUNE BIOTECHNOLOGY, INC., of 100 percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application which would extend beyond the expiration date of the full statutory term prior patent No. 6,383,806 as the term of said prior patent is defined in 35 U.S.C. 154 and 173, and as the term of said prior patent is presently shortened by any terminal disclaimer. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns, In making the above disclaimer, the owner does not disclaim the terminal part of the term of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, "as the term of said prior patent is presently shortened by any terminal disclaimer," in the event that said prior patent later: expires for failure to pay a maintenance fee: is held upenforceable: is found invalid by a court of competent jurisdiction; is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321; has all claims canceled by a reexamination certificate: is reissued; or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer. Check either box 1 or 2 below, if appropriate, 1. For submissions on behalf of a business/organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the business/organization. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. The undersigned is an attorney or agent of record. Reg. No. 57,423 August 25, 2009 Travis M. Wohlers Typed or printed name 512/536-5654 Telephone Number Terminal disclaimer fee under 37 CFR 1.20(d) included. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. *Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

This collection of information is sectioned by 37 GFR 1, 251. The Information is required to obtain or retain a benefit by the public which is to Bis (grid by the USFD') to provide any emplication. Confidentiable is governed by 30 GFR 1, 50.5. (22 and 37 GFR 1, 11 and 1.4.) Recoderon is entired to be 12 C minuted to complete, including against ing, preparing and submitting the completed application from to the USFD. Time will very depending upon the individual case. Any comments on the amount of the my our require to complete his from another suggestions for reducing this budden, should be sent to the Cherl (fromgain of Officer U.S. Palent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.